

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51		1					
2		1					52		1					
3		1					53		1					
4		1					54		1					
5		1					55		1					
6		1					56		1					
7		1					57	1						
8		1					58	1						
9		1					59		1					
10		1					60		1					
11		1					61		1					
12		1					62		1					
13		1					63		1					
14		1					64		1					
15		1					65		1					
16		1					66		1					
17		1					67	1						
18	1						68		1					
19		2					69		1					
20		2					70		1					
21		2					71		1					
22		2					72		1					
23		2					73		1					
24		2					74		1					
25		1					75		1					
26		1					76		1					
27		1					77		1					
28		1					78		1					
29	1						79		1					
30		1					80		1					
31		1					81		1					
32		1					82		1					
33		1					83		1					
34		1					84		1					
35		1					85		1					
36		1					86		1					
37		1					87	1						
38		1					88		1					
39		1					89	1						
40		1					90	1						
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.		↓		↓		↓	TOTAL IND.	9		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	87		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	96						